

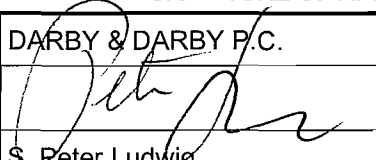
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/595,372-Conf. #8389
	Filing Date	July 14, 2006
	First Named Inventor	Avner Badehi
	Art Unit	2812
	Examiner Name	A. B. Mustapha
Total Number of Pages in This Submission	Attorney Docket Number	06727/0204303-USO


**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>AUTHORIZATION TO ACT IN REPRESENTATIVE CAPACITY</b>
<div style="border: 1px solid black; padding: 5px; min-height: 50px;">         Remarks       </div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	S. Peter Ludwig		
Date	February 27, 2008	Reg. No.	25,351

# AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:		Avner Badehi				
Application No.		10/595,372				
Filed:		April 13, 2006				
Title:  Electro-Optical Circuitry Having Integrated Connector and Methods for the Production Thereof						
Attorney Docket No.	06727/0204303-US0	Art Unit: 2823				
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Sanford T. Colb</td> <td>26,856</td> </tr> </tbody> </table>			Name	Registration Number	Sanford T. Colb	26,856
Name	Registration Number					
Sanford T. Colb	26,856					
<p><b>This is not a Power of Attorney to the above-named practitioner.</b> Accordingly, the practitioner named above does <b>not</b> have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>						
<b>SIGNATURE of Practitioner of Record</b>						
Signature		Date February 27, 2008				
Name	S. PETER LUDWIG	Registration No., if applicable 25,351				
Telephone	212-527-7700					

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.